



CREDIT CARD AUTHORIZATION

Name on Card: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please charge my  VISA  Mastercard

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CV# (3 digit code on back of card) \_\_\_\_\_

I authorize the Center for Communication and Learning to charge all appointments, fees and/or monthly balances incurred for my child \_\_\_\_\_ to the above credit card. If I prefer I can continue to pay by cash or check, but this card will be kept on file for any outstanding charges.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_